

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State



DOCUMENT # 849670
 1. Entity Name
LYON FINANCIAL SERVICES, INC.

Principal Place of Business 1310 MADRID STREET SUITE 100 MARSHALL, MN 56258 US	Mailing Address 1310 MADRID STREET SUITE 100 MARSHALL, MN 56258 US
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1400571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIZZO, MICHAEL 1310 MADRID STREET MARSHALL, MN 56258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STONE, KENT 2751 SHEPARD ROAD SAINT PAUL, MN 55116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITAU, LEE R 601 SECOND AVE S MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEDNARSKI, LAURA 601 SECOND AVE S MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DOCKEN, JOHN 1310 MADRID STREET MARSHALL, MN 56258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000270207
 03/19/05-R00742-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Docken* John Docken/Asst Secre 3/15/05 507-532-7164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #